

**DATE:** June 28, 2005

**TO:** County Emergency Management Directors

**FROM:** Lisa Olson-McDonald, WMD Training Coordinator

**SUBJECT:** **Course Recruitment: *Emergency Medical Service Operations and Planning for Weapons of Mass Destruction* - (NT218)**

The Wisconsin Division of Emergency Management will sponsor the course *Emergency Medical Service Operations and Planning for Weapons of Mass Destruction* – (NT218) on **September 27-29, 2005** at **Volk Air Field**. The course will begin at 8:00 a.m. on Tuesday, September 27th, and conclude at approximately 4:00 p.m. on Thursday, September 29th, 2005. The Office of Domestic Preparedness will be providing instructors from Texas A&M University. Dress is casual.

This 24-hour course will equip EMS personnel and medical professionals with the skills needed to ensure proper patient triage, treatment, and transportation in the event of exposure to chemical, biological, nuclear, and explosive weapons. Exercises conducted in a WMD scenario will reinforce classroom lectures and interaction. Responders will use their training to demonstrate proper techniques for detection and monitoring, triage, mass decontamination, treatment and stabilization. In addition, course participants will receive training on the proper techniques for protecting themselves and limiting cross-contamination.

Class size is limited to 30, so registration will be on a first-come, first-served basis.

If students travel more than **50 miles one way** and do not wish to commute, **we will make reservations** at Volk Air Field. Wisconsin Emergency Management will provide lodging (*for those traveling 50 miles or more*) breakfast, and lunch; however, the cost of travel, evening meals, and any other incidental expenses associated with your stay are a local responsibility. Additional administrative information will be provided in letters of confirmation to be sent when the course rosters are finalized.

Please have prospective participants complete the attached registration form, and return the form to your Regional Office no later than **September 2, 2005**.

Thank you for helping us to bring emergency management training to your community. If you have questions, or need further information, please call your Regional Director or Lisa Olson-McDonald at (608) 427-1794.

Encl: Registration Form

cc: WEM Management Staff  
Regional Offices  
Level A Teams  
Tony Garcia  
Financial Specialist

REGISTRATION INFORMATION

**Emergency Medical Service Operations and Planning for Weapons of  
Mass Destruction - (NT218)**

**September 27-29, 2005**

**Volk Air Field, Camp Douglas, WI**

*Please complete the information below and send it to your County Director by September 1, 2005. County Directors must submit this registration to their Region Office no later than September 2, 2005. Due to the demand for emergency management training, we recommend that you submit your applications as soon as possible.*

*(Reproduce this sheet locally for additional people.)*

(PLEASE PRINT CLEARLY)

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ AGENCY \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_  
(MUST BE PROVIDED TO REGISTER)

WORK ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ FAX #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

*State Privacy Provision*

*Authorization: Wisc Stats 166.03 and E.O. 9397.*

*Disclosure: Disclosure of personal information is voluntary; however, nondisclosure may result in delay in processing your application. Secondary Purpose: In accordance with Wisconsin Privacy Provision 15.04(m) Wisc Stats, the personal information you provide may be used for purposes other than for which it was collected.*

**LODGING INFORMATION**

       I do not need a room.

       I live over 50 miles, please reserve a room for me as indicated below:

**PLEASE CIRCLE THE NIGHTS THAT YOU NEED A ROOM**

MONDAY,      SEPTEMBER 26, 2005

TUESDAY,     SEPTEMBER 27, 2005

WEDNESDAY, SEPTEMBER 28, 2005

Do you require any special accommodations for a physical disability (i.e. first floor lodging, etc.)?

SIGNATURE OF COUNTY EM DIRECTOR/DATE OF RECEIPT: \_\_\_\_\_

SIGNATURE OF REGIONAL DIRECTOR/DATE OF RECEIPT: \_\_\_\_\_